122000038613

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Au	idiess)	
(Cit	ty/State/Zip/Phone	e #)
_	<u></u>	
PICK-UP	MAIT	MAIL
	siness Entity Nan	ne)
(22	ionicoo Entry Han	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	.10	
	- MC	

Office Use Only

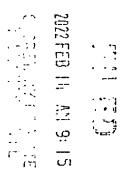


600381014516

02/14/22--01031--009 **25.00

2-26-22

MAS



COVER LETTER

	Registration Se Division of Cor		•		
SUB IEC		NELLAS PARK, LLC			
SUBJEC		Name of Limi	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following.		
		CLAUDIA GARCIA			
			Name of Person		
		VARGAS, PIEDRA & CO	., CPA		
			Firm/Company		
	8950 SW 74th CT. STE. 1606				
	Address				
			City/State and Zip Code		
		CLAUDIA@VARGASPIE			
			to be used for future annual report notification)		
For furthe	er information c	oncerning this matter, please ca	all:		
CLAUDI	IA GARCIA		305 671-0003		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:			
\$25.0	90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMECA PINNELAS PARK, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000038613</u> .	were filed on 01/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IMECA PINELLAS PARK, LLC		200
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation LL.C.
Enter new principal offices address, if applicable:	7330 PINELLAS PARK BLVD. N.	B Comment
(Principal office address MUST BE A STREET ADDRESS)	PINELLAS PARK, FL 33781	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		φ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) on for this Limited Liability Company were filed on L22000038613 ted to amend the following: ter the new name of the limited liability company here: LLC ishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreves address, if applicable: T330 PINELLAS PARK BLVD. N. PINELLAS PARK, FL 33781 ss, if applicable: EA POST OFFICE BOX) tered agent and/or registered office address on our records, enter the name of istered office address here: registered Agent:	<u>.</u> .
	. Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		.	□Add
			☐Remove
			Change
			☐Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			□ Change

			 -					•
								-
			,				<u></u>	_
				-			<u></u>	•
				··· –			·	
						·-·· <u>-</u> ,,		•
		 ·			· · · - · · ·			
<u></u>								
							- -	
_		_			- .			
					<u> </u>			
		·				<u></u>		
			··		······································			
l'an effecti <u>Note:</u> If t	date, if other the other that is listed, the other than the date inserted in 's effective date or	late must be spec this block doe	ific and cannot be s not meet the a	prior to date of a	filing or more that tory filing requ	(option 190 days after fil irements, this d	al) ing.) Pursuant to 605 ate will not be list	i.0207 (ed as t
record sp d is filed.	pecifies a delayed (effective date, b	out not an effec	tive time, at 12	:01 a.m. on the	carlier of: (b)	The 90th day afte	r the
	EBRUARY 8		, 2022	<u>-</u>	20			
Dated FE				47	P			

Filing Fee: \$25.00